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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10523590   | <b>Applicant(s)/Patent Under Reexamination</b><br>KATO ET AL. |
|   | <b>Examiner</b><br>GERTRUDE ARTHUR JEANGLAUD | <b>Art Unit</b><br>3661                                       |

| ORIGINAL           |                                   |     |          |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|-----|----------|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   |     | SUBCLASS |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 701                |                                   |     | 72       |  |  | G                            | 0 | 6 | G | 1 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 701                | 70                                | 79  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 303                | 146                               |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 180                | 167                               | 168 |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|---------|-----------------------------|-------------------|
| NONE  |         | Total Claims Allowed:<br>11 |                   |
| (Assistant Examiner)  | (Date)  |                             |                   |
| /GERTRUDE ARTHUR JEANGLAUD/<br>Primary Examiner.Art Unit 3661 | 9/24/09 | O.G. Print Claim(s)         | O.G. Print Figure |
| (Primary Examiner)  | (Date)  | 1                           | 1                 |